

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Appl. No.:** 10/824,100**Docket No.** 53852-295356**Filing Date:** April 14, 2004**Title:** POWDER APPLICATOR  
FOR TEETHDeposit Account Branch  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450**REQUEST FOR REFUND FROM THE UNITED STATES PATENT AND  
TRADEMARK OFFICE**

Dear Sirs:

Please consider the following for a refund.

Serial Number: 10/824,100

Amount: \$36.00

The above application was filed with a credit card payment form in the amount of \$646. Once the Filing Receipt was received we noticed the fee amount received at the PTO was \$628. We submitted in error the wrong amount and therefore would be entitled to a credit in the amount of \$18. Instead of receiving this credit there was an \$18 charge to our deposit account. This charge was an error since there was no activity on this application that would require an \$18 charge. Therefore, we would like to request a refund back to our Deposit Account, number 06-0029, in the amount of \$36. \$18 for the first over payment and \$18 for the incorrect charge to the deposit account.

Thank you,



Jill Truehart

Patent Docketing Specialist  
Faegre & Benson  
2200 Wells Fargo Center  
90 South 7<sup>th</sup> Street  
Minneapolis, MN 55402  
612/766-8016**Enclosures:** Copy of Filing Receipt  
Copy of Credit Card Payment Form**BEST AVAILABLE COPY**



## UNITED STATES PATENT AND TRADEMARK OFFICE

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| APPL NO.   | FILING OR 371<br>(c) DATE | ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLMS | IND CLMS |
|------------|---------------------------|----------|---------------|-----------------|----------|----------|----------|
| 10/824,100 | 04/14/2004                | 3732     | 628           | 53852-295356    | 17       | 47       | 3        |

CONFIRMATION NO. 6157

Gretchen Pesek  
FAEGRE & BENSON LLP  
2200 Wells Fargo Center  
90 South Seventh Street  
Minneapolis, MN 55402-3901

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## FILING RECEIPT

\*OC000000013056406\*

Date Mailed: 06/24/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

James Edward Hamman, Oshkosh, WI;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 06/23/2004

Projected Publication Date: 10/20/2005

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Powder applicator for teeth

Preliminary Class

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FOR TEETH**To:**  
Deposit Account Branch  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450**ATTENTION:** Deposit Account Branch  
703/308-5077**From:**  
Jill Truehart  
Faegre & Benson  
2200 Wells Fargo Center  
90 South 7<sup>th</sup> Street  
Minneapolis, MN 55402  
Phone: 612/766-8016**FACSIMILE TRANSMISSION TO THE PTO**

The following papers are being transmitted to the Patent and Trademark Office by facsimile transmission:

1. Request for Refund to Deposit Account (3 pages)

If you do not receive all pages, please contact Jill Truehart at (612) 766.8016 or (612) 766-1600 (fax).

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